

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 14 1953

State File No. **15865**

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003Registrar's No. **4242****1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give

OR

TOWN

St. Louis, Mo.c. LENGTH OF
STAY (in this place)**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before

a. STATE

Illinoisb. COUNTY **St. Clair**

c. CITY

OR

TOWN

East St. Louisd. Is Residence within limits of
a city or incorporated town?
Yes ☒ No ☐d. FULL NAME OF
HOSPITAL OR
INSTITUTION**BARNES HOSPITAL**e. STREET
ADDRESS**626 N. 38th St.**

(If rural, give location)

**3. NAME OF
DECEASED**

(Type or Print)

a. (First)

Celia

b. (Middle)

NMN

c. (Last)

Kent4. DATE
OF
DEATH

(Month)

4

(Day)

23

(Year)

53**5. SEX****Female****6. COLOR OR RACE****White****7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED, (Specify)****Widow****8. DATE OF BIRTH****May 27, 1890****9. AGE** (in years
last birthday)**62**

If UNDER 1 YEAR

Months

If UNDER 1 YEAR

Days

If UNDER 1 YEAR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)**Housewife****10b. KIND OF BUSINESS OR IN-
DUSTRY****At Home****11. BIRTHPLACE**(City and State or Foreign Country)
Harvel, Ill.**12. CITIZEN OF WHAT
COUNTRY?****U.S.****13a. FATHER'S NAME****August Cooler****13b. MOTHER'S MAIDEN NAME****Katherine Motley****14. NAME OF HUSBAND OR WIFE****Unavailable****15. WAS DECEASED EVER IN U.S. ARMED FORCES?**
(Yes, no, or unknown) (If yes, give war or dates of service)**No****16. SOCIAL SECURITY
NO.****None****17. INFORMANT'S SIGNATURE OR NAME****Robert Ewig, Morrisonville, Ill.**

ADDRESS

18. CAUSE OF DEATHEnter only one cause per
line for (a), (b), and (c)**This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.***I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)****MEDICAL CERTIFICATION****Carcinoma of Gall Bladder and Common**INTERVAL BETWEEN
ONSET AND DEATH**ANTECEDENT CAUSES****Bile Duct without metastases***Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS*Conditions contributing to the death but not
related to the disease or condition causing death.***19a. DATE OF OPERA-
TION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**YES ☒ NO ☐**21a. ACCIDENT
SUICIDE
HOMICIDE**

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)**21c. (CITY, TOWN, OR TOWNSHIP)**

(COUNTY)

(STATE)

**21d. TIME
OF
INJURY**

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURREDWHILE AT
WORK ☐NOT WHILE
AT WORK ☐**21f. HOW DID INJURY OCCUR?****22. I hereby certify that I attended the deceased from April 8, 1953, to April 23, 1953, that I last saw the deceased
alive on April 23, 1953, and that death occurred at 7:00A m., from the causes and on the date stated above.****23a. SIGNATURE****FR Bradley**

(Degree or title)

M. D.**23b. ADDRESS****BARNES HOSPITAL****23c. DATE SIGNED****4/23/53****24a. BURIAL, CREMA-
TION REMOVAL (Specify)****Removal****24b. DATE****4-23-53****24c. NAME OF CEMETERY OR CREMATORY****24d. LOCATION** (City, town, or county)**Morrisonville, Ill.**

(State)

DATE REC'D BY LOCAL**APR 24 1953****REGISTRAR'S SIGNATURE****Carl Smith****25. FUNERAL DIRECTOR'S SIGNATURE****Albert H. Hoppe, 4700 Washington Blvd.**

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....357

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.